FEC FORM 1

STATEMENT OF ORGANIZATION

1.1

RECEIVED

2014 JAY 30 PM 1: 16

| | AME OF DMMITTEE (in full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 | AIL CENTER |
|--|-------------------------------|-------------------------------|--|-------------------------|---------------------------------|
| Frien | ds of Don,Beyer, | | <u> </u> | <u> </u> | |
| | | . · | <u> </u> | <u> </u> | |
| ADDRESS (number and street) | | 601 Duke Street | | | |
| · - | (Check if address is changed) | <u> </u> | | | |
| , [] | | Alexandria | | VA 22 | 314 3623 |
| ∀ ⊗ | | | CITY | STATE | ZIP CODE |
| d COMMI | ITTEE'S E-MAIL ADDRE | SS (Please provide only one e | e-mail address) | | |
| 2 L | (Check if address is changed) | donbeyer@gmail. | com | <u> </u> | |
| i L | | <u>Liiiiiiiii</u> | | <u> </u> | |
| COMM | ITTEE'S WEB PAGE AD | DRESS (URL) | | | • |
| | (Check if address is changed) | www.friendsofdonl | beyer.com , , , , , | 1 1 1 1 1 1 1 | |
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| 2. D/ | ATE 01 29 | 2014 | | v | |
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| 3. FE | EC IDENTIFICATION N | | 4.5 Call | | |
| 4. IS | THIS STATEMENT | NEW (N) OR | AMENDED (A) | | |
| I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. | | | | | |
| i certify | y that I have examined t | | | it is true, correct and | d complete. |
| Type o | r Print Name of Treasure | n Mary Margaret W | /hipple | · | |
| Signatu | ure of Treasurer Z | Nany Margaret | Tehpple | Date 01 | 29 |
| NOTE: | Submission of talse, error | · • | may subject the person signing | | penalties of 2 U.S.C. §437g. |
| | Office Use Only | .] , | For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 02/2009) |